NPS Standard Record Format
and
Error/Warning Code List

Each NPS Record Contains 550 Characters

Header Record

This record contains information pertaining to the entire file. One header record is required per file **.**

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Header Identifier	1 - 15	15	A/N	Yes	Value = Spaces
2	Header Record Id	16 - 17	2	A/N	Yes	Value = "00"
3	Header Record Sequence Number	18 - 21	4	N	Yes	Value = 0001
4	File Id	22 - 22	1	A/N	Yes	Identifies the type of file A - UPIN Initial Load B - NSC Initial Load C - OSCAR Initial Load D - Daily NPS Extract E - Weekly NPS Extract F - Monthly NPS Extract G - Complete Replace H - NPI Finder I - CHAMPUS Initial Load J - IL Pended/Invalid K - IL Enum/Valid L - Other Subscribers Initial Load
5	Subscriber Number	23 -25	3	A/N	Yes	Number identifying the subscriber
6	Subscriber Name	26 - 75	50	A/N	Optional	Name of NPS subscriber
7	Agent Number	76 - 84	9	A/N	Optional	Number identifying the agent

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
8	Agent Name	85 - 134	50	A/N	Optional	Name of the agent
9	Subscriber/Agent Street Address 1	135 - 174	40	A/N	Optional	Line one of the 'street' portion of the subscriber or agent's address
10	Subscriber/Agent Street Address 2	175 - 214	40	A/N	Optional	Line two of the 'street' portion of the subcriber or agent's address
11	Subscriber/Agent City Name	215 - 239	25	A/N	Optional	City of the subscriber or agent address
12	Subscriber/Agent State Code	240 - 241	2	A/N	Optional	Post Office abbreviation for the state of the subscriber or agent address
13	Subscriber/Agent Zip Code	242 - 246	5	A/N	Optional	Zip code of the subscriber or agent address
14	Subscriber/Agent Zip Code 2	247 - 250	4	A/N	Optional	Additional four digit zip code of the subscriber or agent address
	Filler	251 - 255	5	A/N	N/A	Spaces
15	Subscriber/Agent Phone Number	256 - 265	10	A/N	Optional	Telephone number for the subscriber or agent
16	Subscriber/Agent Fax Number	266 - 275	10	A/N	Optional	Fax number for the subscriber or agent
17	Subscriber/Agent E-mail Address	276 - 315	40	A/N	Optional	Electronic mail (Email) address for the subscriber or agent
18	Provider Category	316 - 316	1	A/N	Yes	Type of providers that are contained in thisfile Values: "I" - Individual "G" - Group "O" - Organization

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
19	Maximum Error Rate	317 - 319	3	N	Yes	The error rate represents the percentage of the maximum number of providers that the subscriber or agent will re-work on-line
20	File Create Date	320 - 327	8	N	Yes	Format - CCYYMMDD
21	File Create Time	328 - 333	6	N	Yes	Format - HHMMSS
	Filler	334 - 550	217	A/N	N/A	Spaces

Individual Provider General Information Record

This record provides general information pertaining to the individual provider.   Only one general information record per provider is allowed.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI.
2	Provider General Record Id	16 - 17	2	A/N	Yes	Value = "10"
3	Provider General Record Sequence Number	18 - 21	4	N	Yes	Value = 0001
4	Provider Current First Name	22 - 61	40	A/N	Yes	The individual provider's first name
5	Provider Current Middle Name	62 - 81	20	A/N	Optional	The individual provider's middle name
6	Provider Current Last Name	82 - 121	40	A/N	Yes	The individual provider's last name
7	Provider Current Suffix Name	122 - 124	3	A/N	Optional	The individual provider's suffix name Values: JR, SR, II, III, IV, V
8	Provider Current Credential Designation	125 - 128	4	A/N	Optional	Credential designation associated with the individual provider's current name Examples: MD, DO, CH, DDM, DDS, DPM, OD, CSW, PT,CP, CNA, AA, NP, OT, RNA, PSY, PA, RN, LPN, CMN

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Provider SSN Number	129 - 137	9	A/N	Optional	The individual provider's Social Security Number
10	Provider EIN Number	138 - 146	9	A/N	Optional	The individual provider's Employee Identification Number
11	Provider Birth Date	147 - 154	8	N	Yes	The individual provider's date of birth Format -CCYYMMDD
12	Birth State Code	155 - 156	2	A/N	Optional	State of the provider's birth
13	Birth County Name	157 - 176	20	A/N	Optional	County of the provider's birth
14	Birth Country Name	177 - 196	20	A/N	Optional	Country of the provider's birth
15	Provider Sex Code	197 - 197	1	A/N	Optional	The individual provider's gender Values: M - Male F - Female
16	Provider Race Code	198 - 198	1	A/N	Optional	The individual provider's Race/Ethnicity Values: 1- White, Not Hispanic 2 - Black, Not Hispanic 3 - Hispanic 4 - American Indian or Alaskan Native 5- Asian or Pacific Islander
17	Provider Date of Death	199 - 206	8	N	Optional	The individual provider's date of death Format - CCYYMMDD

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
18	Provider Mailing Street Address 1	207 - 246	40	A/N	Yes	Line one of the 'street' portion of the provider's mailing address
19	Provider Mailing Street Address 2	247 - 286	40	A/N	Optional	Line two of the 'street' portion of the provider's mailing address
20	Provider Mailing City Name	287 - 311	25	A/N	Yes	City of the provider's mailing address
21	Provider Mailing State Code	312 - 313	2	A/N	Yes, if domestic	Post Office abbreviation for the state of the provider's mailing address
22	Provider Mailing County Name	314 - 333	20	A/N	Optional	County of the provider's mailing address
23	Provider Mailing Country Name	334 - 353	20	A/N	Yes, if foreign	Country of the provider's mailing address
24	Provider Mailing Zip Code	354 - 358	5	A/N	Yes, if domestic	Zip Code of the provider's mailing address
25	Provider Mailing Zip Code 2	359 - 362	4	A/N	Optional	Additional four digit zip code of the provider's mailing address
	Filler	363 - 367	5	A/N	N/A	Spaces
26	Provider Mailing Foreign Postal Code	368 - 379	12	A/N	Yes, if foreign	Postal Code for provider's foreign mailing address
27	Provider Mailing Foreign Switch	380 - 380	1	A/N	Yes	Indicates whether the mailing address is foreign Values: Space = US mailing address X = Foreign mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
28	Provider Phone Number	381 - 390	10	A/N	Optional	Telephone number for the provider's mailing address
	Filler	391 - 395	5	A/N	N/A	Spaces
29	Provider Fax Number	396 - 405	10	A/N	Optional	Fax number for the provider's mailing address
30	Provider Email Address	406 -445	40	A/N	Optional	Electronic Mail (Email) address for the provider's mailing address
31	Resident Intern Code	446 - 446	1	A/N	Optional	Code describing if the individual provider is a resident or intern Values: I - Intern R - Resident
32	Sanction Switch	447 - 447	1	A/N	N/A	Indicates whether the provider is sanctioned Values: Y - Sanctioned N - Not sanctioned
33	Provider Enumerate Date	448 - 455	8	N	N/A	Date provider was enumerated. Populated by NPS Format - CCYYMMDD
34	Provider Update Date	456 - 463	8	N	N/A	Last date provider data was updated. Populated by NPS Format - CCYYMMDD

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
35	Initial Load Switch	464 - 464	1	A/N	N/A	Indicates whether the provider was added to NPS through the initial load process. Populated by NPS Values: Y - Initial Load N - Not Initial Load
36	Provider SSN Verification Return Code	465 - 466	2	A/N	N/A	Indicates the verification status of the SSN. Populated by NPS Y = Valid N = Invalid
37	Provider Establishing Subscriber Number	467 - 469	3	A/N	Yes	The subscriber responsible for the provider
38	Provider Establishing Agent Number	470 - 478	9	A/N	Optional	The agent responsible for the provider. Populated by NPS
39	NPF Control Number	479 - 486	8	A/N	N/A	The NPI or Transaction Id assigned to the provider
40	Transaction Type	487 - 487	1	A/N	N/A	Type of action performed on data. Values: 1 - Add 2 - Update 3 - Delete Populated by NPS on Extract File
41	Transaction Date	488 - 495	8	N	N/A	The date of the transaction. Populated by NPS Format - CCYYMMDD
42	Name Search Key	496 - 506	11	A/N	N/A	Reserved for internal use

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
	Filler	507 - 549	43	A/N	N/A	Spaces
	Internal Switch	550 - 550	1	A/N	N/A	Reserved for internal use

Group Provider General Information Record

This record provides general information pertaining to the group provider. Only one general information record per provider is allowed.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files For extracts, the field will contain the NPI
2	Provider General Record Id	16 - 17	2	A/N	Yes	Value = "10"
3	Provider General Record Sequence Number	18 - 21	4	N	Yes	Value = 0001
4	Provider Legal Business Name	22 - 71	50	A/N	Yes	The group provider's legal business name
5	Provider EIN Number	72 - 80	9	A/N	Optional	The group provider's Employee Identification Number
6	Provider Cease Date	81 - 88	8	N	Optional	Date group ceased doing business Format - CCYYMMDD
7	Provider Mailing Street Address 1	89 - 128	40	A/N	Yes	Line one of the 'street' portion of the provider's mailing address
8	Provider Mailing Street Address 2	129 - 168	40	A/N	Optional	Line two of the 'street' portion of the provider's mailing address
9	Provider Mailing City Name	169 - 193	25	A/N	Yes	City of the provider's mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
10	Provider Mailing State Code	194 - 195	2	A/N	Yes, if domestic	Post Office abbreviation for the state of the provider's mailing address
11	Provider Mailing County Name	196 - 215	20	A/N	Optional	County of the provider's mailing address
12	Provider Mailing Country Name	216 - 235	20	A/N	Yes, if foreign	Country of the provider's mailing address
13	Provider Mailing Zip Code	236 - 240	5	A/N	Yes, if domestic	Zip Code of the provider's mailing address
14	Provider Mailing Zip Code 2	241 - 244	4	A/N	Optional	Additional four digit zip code of the provider's mailing address
	Filler	245 - 249	5	A/N	N/A	Spaces
15	Provider Mailing Foreign Postal Code	250 - 261	12	A/N	Yes, if foreign	Postal Code of the provider's foreign mailing address
16	Provider Mailing Foreign Switch	262 - 262	1	A/N	Yes	Indicates whether the mailing address is foreign Values: Space = US mailing address X = Foreign mailing address
17	Provider Phone Number	263 - 272	10	A/N	Optional	Telephone number for the provider's mailing address
	Filler	273 - 277	5	A/N	N/A	Spaces
18	Provider Fax Number	278 - 287	10	A/N	Optional	Fax number for the provider's mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
19	Provider Email Address	288 - 327	40	A/N	Optional	Electronic Mail (Email) address for the provider's mailing address
20	Sanction Switch	328 - 328	1	A/N	N/A	Indicates whether a provider is sanctioned Values: Y - Sanctioned N - Not sanctioned
21	Provider Enumerate Date	329 - 336	8	N	N/A	Date provider was enumerated. Populated by NPS Format - CCYYMMDD
22	Provider Update Date	337 - 344	8	N	N/A	Last date provider data was updated. Populated by NPS Format - CCYYMMDD
23	Initial Load Switch	345 - 345	1	A/N	N/A	Indicates whether the provider was added to NPS through the initial load process. Populated by NPS Values: Y - Initial Load N - Not Initial Load
25	Provider Establishing Subscriber Number	346 - 348	3	A/N	Yes	The subscriber responsible for the provider
24	Provider Establishing Agent Number	349 - 357	9	A/N	Optional	The agent responsible for the provider. Populated by NPS
26	NPF Control Number	358 - 365	8	A/N	N/A	The NPI or transaction Id assigned to the provider

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
27	Transaction Type	366 - 366	1	A/N	N/A	Type of action performed on data. Values: 1 - Add 2 - Update 3- Delete Populated by NPS only on Extract Files
28	Transaction Date	367 - 374	8	N	N/A	The transaction date. Populated by NPS Format - CCYYMMDD
29	Legal Business Name Search Key	375 - 382	8	A/N	N/A	Reserved for internal use
	Filler	383 - 549	167	A/N	N/A	Spaces
	Internal Switch	550 - 550	1	A/N	N/A	Reserved for internal use

Organization Provider General Information Record

This record provides general information pertaining to the organization provider.   Only one general information record per provider is allowed.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider General Record Id	16 - 17	2	A/N	Yes	Value = "10"
3	Provider General Record Sequence Number	18 - 21	4	N	Yes	Value = 0001
4	Provider Legal Business Name	22 - 71	50	A/N	Yes	The organization provider's legal business name
5	Provider EIN Number	72 - 80	9	A/N	Optional	The organization provider's Employee Identification Number
6	Provider Cease Date	81 - 88	8	N	Optional	Date organization ceased doing business Format - CCYYMMDD
7	Provider Mailing Street Address 1	89 - 128	40	A/N	Yes	Line one of the 'street' portion of the provider's mailing address
8	Provider Mailing Street Address 2	129 - 168	40	A/N	Optional	Line two of the 'street' portion of the provider's mailing address
9	Provider Mailing City Name	169 - 193	25	A/N	Yes	The name of the city for the provider's mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
10	Provider Mailing State Code	194 - 195	2	A/N	Yes, if domestic	Post Office abbreviation for the state of the provider's mailing address
11	Provider Mailing County Name	196 - 215	20	A/N	Optional	County of the provider's mailing address
12	Provider Mailing Country Name	216 - 235	20	A/N	Yes, if foreign	Country of the provider's mailing address
13	Provider Mailing Zip Code	236 -240	5	A/N	Yes, if domestic	Zip Code of the provider's mailing address
14	Provider Mailing Zip Code 2	241 - 244	4	A/N	Optional	Additional four digit zip code of the provider's mailing address
	Filler	245 - 249	5	A/N	N/A	Spaces
15	Provider Mailing Foreign Postal Code	250 - 261	12	A/N	Yes, if foreign	Postal Code for provider's foreign mailing address
16	Provider Mailing Foreign Switch	262 - 262	1	A/N	Yes	Indicates whether the mailing address is foreign Values: Space = US mailing address X=Foreign mailing address
17	Provider Phone Number	263 - 272	10	A/N	Optional	Telephone number for the provider's mailing address
	Filler	273 - 277	5	A/N	N/A	Spaces
18	Provider Fax Number	278 - 287	10	A/N	Optional	Fax number for the provider's mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
19	Provider Email Address	288 - 327	40	A/N	Optional	Electronic Mail (Email) address for the provider's mailing address
20	Sanction Switch	328 - 328	1	A/N	N/A	Indicates whether the provider is sanctioned Values: Y - Sanctioned N - Not sanctioned
21	Provider Enumerate Date	329 - 336	8	N	N/A	Date provider was enumerated. Populated by NPS Format - CCYYMMDD
22	Provider Update Date	337 - 344	8	N	N/A	Last date provider data was updated. Populated by NPS Format - CCYYMMDD
23	Initial Load Switch	345 - 345	1	A/N	N/A	Indicates whether the provider was added to NPS through the initial load process. Populated by NPS Values: Y - Initial Load N - Not Initial Load
24	Provider Establishing Subscriber Number	346 - 348	3	A/N	Yes	The subscriber responsible for the provider
25	Provider Establishing Agent Number	349 - 357	9	A/N	Optional	The agent responsible for the provider
26	NPF Control Number	358 - 365	8	A/N	N/A	The NPI or transaction Id assigned to the provider

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
27	Transaction Type	366 - 366	1	A/N	N/A	Type of action performed on data. Values: 1 - Add 2 - Update 3- Delete Populated by NPS only on Extract Files
28	Transaction Date	367- 374	8	N	N/A	The transaction date. Populated by NPS Format - CCYYDDMM
29	Legal Business Name Search Key	375- 382	8	A/N	N/A	Reserved for internal use
	Filler	383 - 549	167	A/N	N/A	Spaces
	Internal Switch	550 - 550	1	A/N	N/A	Reserved for internal use

Other Names Record

This record contains data pertaining to the individual provider's other names.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider Other Name Record Id	16 - 17	2	A/N	Yes	Value = "20"
3	Provider Other Name Record Sequence Number	18 - 21	4	N	Yes	Sequential number of Other Names records per provider
4	Provider Other Name Record Entries Count	22 - 23	2	N	Yes	Number of other names contained in this record
The following fields are a total of 115 characters long and occur 3 times in positions 24 - 368						
	Filler	(1) 24- 24	1	A/N	Yes	Spaces
5	Provider Other First Name	(1) 25 - 64	40	A/N	Yes	The individual provider's other first name
6	Provider Other Middle Name	(1) 65 - 84	20	A/N	Optional	The individual provider's other middle name
7	Provider Other Last Name	(1) 85 - 124	40	A/N	Yes	The individual provider's other last name
8	Provider Other Suffix Name	(1) 125 - 127	3	A/N	Optional	Other name Suffix used by individual provider. Values: JR,SR, II, III, IV, V

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Other Name Search Key	(1) 128 - 138	11	A/N	N/A	Reserved for internal use
10	Filler	369 - 550	182	A/N	N/A	Spaces

Practice Location Record

This record contains data for provider practice locations for individuals, groups and organizations.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider Practice Location Record Id	16 - 17	2	A/N	Yes	Value = "30"
3	Provider Practice Location Record Sequence Number	18 - 21	4	N	Yes	Sequential number of Practice Location records per provider
4	NPS Practice Location Number	22 - 23	2	A/N	N/A	The number of the practice location. Assigned by NPS
5	Provider Practice Location Name	24 - 73	50	A/N	Optional	The title of the practice location
6	Provider Practice Location Street Address 1	74 - 113	40	A/N	Yes	Line one of 'street' portion of provider's practice location address
7	Provider Practice Location Street Address 2	114 - 153	40	A/N	Optional	Line two of 'street' portion of provider's practice location address
8	Provider Practice Location City Name	154 - 178	25	A/N	Yes	City of the provider's practice location address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Provider Practice Location State Code	179 - 180	2	A/N	Yes, if domestic	Post Office abbreviation for the State of the provider's practice location address
10	Provider Practice Location County Name	181 - 200	20	A/N	Optional	County of the provider's location address
11	Provider Practice Location Country Name	201 - 220	20	A/N	Yes, if foreign	Country of the provider's practice location address
12	Provider Practice Location Zip Code	221- 225	5	A/N	Yes, if domestic	Zip Code of provider's practice location address
13	Provider Practice Location Zip Code 2	226 - 229	4	A/N	Optional	Additional four digit zip code of the provider's practice location address
	Filler	230 - 234	5	A/N	N/A	Spaces
14	Provider Practice Location Foreign Postal Code	235 - 246	12	A/N	Yes, if foreign	Postal Code for the provider's foreign practice location
15	Provider Practice Location Phone Number	247 - 256	10	A/N	Yes	Telephone number for the provider's practice location
	Filler	257 - 261	5	A/N	N/A	Spaces
16	Provider Practice Location Fax Number	262 - 271	10	A/N	Optional	Fax Number for the provider's practice location
17	Provider Practice Location Email Address	272 - 311	40	A/N	Optional	Electronic mail (EMail) address for the provider's practice location address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
18	Provider Practice Location Address Activity Switch	312 - 312	1	A/N	Yes	Switch which indicates if a provider's practice location is active. Values: A = Active Spaces = Not Applicable
19	Provider Practice Location Effective Date	313 - 320	8	N	N/A	Date the provider's practice location was established in the NPS Format - CCYYMMDD
20	Provider Practice Location Termination Date	321 - 328	8	N	N/A	Date the provider's location was deactivated in the NPS Format - CCYYMMDD
21	Practice Location Name Search Key	329 - 336	8	A/N	N/A	Reserved for internal use
	Filler	337 - 550	214	A/N	N/A	Spaces

Individual Classification Record

This record contains data for an individual provider's classification.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider Classification Record Id	16 - 17	2	A/N	Yes	Value = '40'
3	Provider Classification Record Sequence Number	18 - 21	4	N	Yes	Sequential number of Certification records per provider
4	Provider Classification Record Entries Count	22 - 23	2	N	Yes	Number of classifications contained in this record
The following fields are a total of 54 characters long and occur 9 times in positions 24 - 509						
5	Provider Classification	(1) 24 - 32	9	A/N	Yes, if converted to ANSI X12N taxonomy	Three level ANSI X12N taxonomy for Individual providers. Includes: Provider Type - (2 positions) Classification - (2 positions) Area of Specialization - (5 positions)

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
6	Medicare Specialty Code	(1) 33 - 35	3	A/N	Yes, if ANSI X12N Provider Classifi- cation not used	The provider's profession, occupation, or specialty as defined by the Medicare specialty codes. This field is populated only on initial load when not using the ANSI X12N taxonomy
7	Provider Certification Code	(1) 36 - 36	1	A/N	Optional	Indicates whether the provider is certified in the provider classification or Medicare specialty. Values: C = Certified N = Not Certified U = Unknown
8	Certification Board Code	(1) 37 - 38	2	A/N	Optional	Code identifying a certification board for physicians Values: AM = ABMS or AOA Board OT = Other Board
9	Provider Certification Number	(1) 39 - 53	15	A/N	Optional	The certificate number associated with the certification for the provider to practice a specialty
10	Provider Certification Effective Date	(1) 54 - 61	8	N	Optional	The date the certification for the provider to practice a specialty is effective. Format - CCYYMMDD

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
11	Provider Certification Expiration Date	(1) 62 - 69	8	N	Optional	The date the certification for the provider to practice a specialty expires. Format- CCYYMMDD
12	Provider Certification Termination Date	(1) 70 - 77	8	N	N/A	The date the certification for the provider to practice a specialty terminated Format - CCYYMMDD
	Filler	510 - 550	41	A/N	N/A	Spaces

Organization Classification Record

This record contains data for an organization provider's classification.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider Classification Record Id	16 - 17	2	A/N	Yes	Value = '45'
3	Provider Classification Record Sequence Number	18 - 21	4	N	Yes	Sequential number of Classification records per provider

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
4	Provider Classification Record Entries Count	22 - 23	2	N	Yes	Number of classifications contained in this record
The following fields are a total of 15characters long and occur 34 times in positions 24 - 533						
5	Organization Classification	(1) 24 - 32	9	A/N	Yes, if converted to ANSI X12N taxonomy	Three level ANSI X12N taxonomy for Organiza-tion providers. Includes: Provider Type - (2 positions) Classification - (2 positions) Area of Specialization - (5 positions)
6	Medicare Specialty Code	(1) 33 - 35	3	A/N	Yes, if ANSI X12N Provider Classifi-cation not used	The provider's profession, occupation, or specialty as defined by the HCFA specialty codes. This field is populated only on initial load when not using the ANSI X12N taxonomy

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
7	Organization Type Control Code	(1) 36 - 36	1	A/N	Optional	This code indicates the control type for Hospitals and Home Health Agencies Values: 1 = Government - Federal - Military 2 = Government - Federal - Veterans 3 = Government - Federal - Other 4 = Government - State/County 5 = Government - Local 6 = Government - Combination Government and Other 7 = Non-Government - Non-Profit 8 = Non-Government - Proprietary 9 = Non-Government - Other
8	Organization Type Rural Code	(1) 37 - 37	1	A/N	Optional	This code indicates whether the hospital is rural Values: 1 = Rural Primary Care 2 = Not Rural Primary Care
9	Organization Type Christian Science Code	(1) 38 - 38	1	A/N	Optional	This code indicates indicates whether the facility is Christian Science Values: 1=Christian Science 2=Non-Christian Science
	Filler	534 - 550	17	A/N	N/A	Spaces

Group Member Record

This record contains data elements for all group members associated with the group provider.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Group Member Record Id	16 - 17	2	A/N	Yes	Value = "47"
3	Group Member Sequence Number	18 - 21	4	N	Yes	Sequential number of Group Member records per provider
4	Group Member Entries Count	22 - 23	2	N	Yes	Number of group members contained in this record
Following fields are a total of 136 characters long and occur 3 times in positions 24 - 431						
5	Group Member Identifying Number	(1) 24 - 38	15	A/N	Yes	Other provider number of the Individual group member for initial load input. For extracts, the field will contain the NPI of the member
6	Group Member Identifying Number Type Code	(1) 39 - 40	2	A/N	Yes	Type of Identifying Number Values: 01 - UPIN 02 - NSC 03 - OSCAR 04 -Medicaid State 05 - PIN 06 - DEA 07 - Payerid
7	Group Member First Name	(1) 41 - 80	40	A/N	Optional	The individual member's first name

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
8	Group Member Middle Name	(1) 81 - 100	20	A/N	Optional	The individual member's middle name
9	Group Member Last Name	(1) 101 - 140	40	A/N	Yes	The individual member's last name
10	Group Member Suffix Name	141 - 143	3	A/N	Optional	The individual member's suffix name Values: JR, SR, II, III, IV, V
11	Group Member Effective Date	(1) 144 - 151	8	N	N/A	Date an individual provider was specified as a member of a group provider. Format - CCYYMMDD
12	Group Member Termination Date	(1) 152 - 159	8	N	N/A	Date an individual provider was removed as a member of a group provider Format - CCYYMMDD
	Filler	432 - 550	119	A/N	N/A	Spaces

Provider License Record

The record contains individual provider licensure data.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider License Record Id	16 -17	2	A/N	Yes	Value = "50"
3	Provider License Record Sequence Number	18 - 21	4	N	Yes	Sequential number of License records per provider
4	Provider License Record Entries Count	22 - 23	2	N	Yes	Number of provider licenses contained in this record
The following fields are a total of 54 characters long and occur 9 times in positions 24 - 509						
5	Provider Classification	(1) 24 - 32	9	A/N	Yes, if converted to ANSI X12N taxon- omy	Three level ANSI X12N taxonomy for Individual providers. Includes: Provider Type - (2 positions) Classification - (2 positions) Area of Specialization - (5 positions)
6	Medicare Specialty Code	(1) 33 - 35	3	A/N	Yes, if ANSI X12N Provider Classifi- cation not used	The provider's profession, occupation, or specialty as defined by the HCFA specialty codes. This field is populated only on initial load when not using the ANSI X12N taxonomy

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
7	Provider License Number	(1) 36 - 50	15	A/N	Optional	The license number associated with the individual's provider type
8	Provider License State Code	(1) 51 - 52	2	A/N	Yes	The code for the state that issued the license associated with the individual's provider type
9	Provider License Effective Date	(1) 53 - 60	8	N	Yes	The effective date of the License associated with the individual's provider type. Format - CCYYMMDD
10	Provider License Expiration Date	(1) 61 - 68	8	N	Optional	The expiration date of the license associated with the individual's provider type. Format - CCYYMMDD
11	Provider License Termination Date	(1) 69 - 76	8	N	Optional	The termination date of the license associated with the individual's provider type. Format - CCYYMMDD
12	Provider License Switch	(1) 77 - 77	1	A/N	Yes	Indicates whether a provider type is licensed or not. Values: Y - Licensed N - Unknown
	Filler	510 - 550	41	A/N	N/A	Spaces

Professional School Record

This record contain data pertaining to professional schools that the individual attended.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider School Record Id	16 - 17	2	A/N	Yes	Value = "60"
3	Provider School Record Sequence Number	18- 21	4	N	Yes	Sequential number of School records per provider
4	Provider School Entry Number	22- 23	2	N	Yes	Number of schools contained in this record
The following fields are a total of 101 characters long and occur 5 times in positions 24 - 528						
5	School Code	(1) 24- 28	5	A/N	Yes	Code identifying professional school on list of recognized schools. Schools not on list have value of "99999".
6	School Name	(1) 29- 78	50	A/N	N/A	The name of the professional school
7	Provider School City Name	(1) 79- 98	20	A/N	N/A	City name where the school is located
8	Provider School State Code	(1) 99 - 100	2	A/N	N/A	The code identifying the state where the professional school is located
9	Provider School Country Name	(1) 101 - 120	20	A/N	N/A	Name of country where the school is located

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
10	Provider School Graduation Year	(1) 121 - 124	4	N	Yes	Year the individual provider graduated from professional school
	Filler	529 - 550	22	A/N	N/A	Spaces

Other Provider Numbers Record

This record contains data for provider's other numbers from subscriber systems.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Other Provider Numbers Record Id	16 - 17	2	A/N	Yes	Value = "70"
3	Other Provider Numbers Sequence Number	18 - 21	4	N	Yes	Sequential number of other provider number records per provider
4	Other Provider Number Record Entries Count	22 - 23	2	N	Yes	Number of other provider numbers contained in this record
The following fields are a total of 35 characters long and occur 14 times in positions 24 - 513						
5	Subscriber Number	(1) 24 - 26	3	A/N	Yes	Number identifying the subscriber
6	Agent Number	(1) 27 - 35	9	A/N	Yes, for Other Provider Number Types 2, 4, and 5. N/A for types 1 and 3	Number identifying the agent

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
7	Other Provider Number Type	(1) 36 - 37	2	A/N	Yes	Type of Id Number. Values: 01 - UPIN 02 - NSC 03 - OSCAR 04 -Medicaid State 05 - PIN 06 - DEA 07 - Payerid
8	Other Provider Number	(1) 38 - 52	15	A/N	Yes	Other Identification number used by the provider
9	Provider Practice Location Record Sequence Number	(1) 53 - 56	4	N	Yes, for individuals and groups with Other Provider Number Type 5	Practice Location sequence number for individuals and groups with other provider numbers of type 05 (PINs)
10	NPS Practice Location Number	(1) 57 - 58	2	A/N	N/A	Assigned by NPS. The Id of the practice location
	Filler	514 - 550	37	A/N	N/A	Spaces

OIG Sanction Record

This record contains OIG sanction data for individual and organization providers. This record is not available for initial load input.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	N/A	For extracts, the field will contain the NPI
2	Provider OIG Sanction Record Id	16 - 17	2	A/N	N/A	Value = "80"
3	Provider OIG Sanction Numbers Sequence Number	18 - 21	4	N	N/A	Sequential number of OIG Sanction records per provider
4	Provider OIG Sanction Entries Count	22 - 23	2	N	N/A	Number of OIG sanctions contained in this record
The following fields are a total of 23 characters long and occur 22 times in positions 24 - 529						
5	OIG Sanction Action Type Code	(1) 24 - 30	7	A/N	N/A	OIG sanction code
6	OIG Sanction Effective Date	(1) 31 - 38	8	N	N/A	Date OIG sanction effective date Format - CCYYMMDD
7	OIG Sanction Reinstate Date	(1) 39 - 46	8	N	N/A	Date OIG sanction reinstate date Format - CCYYMMDD
	Filler	530 - 550	21	A/N	N/A	Spaces

Subscriber/Agent Interest Record

This record contains data pertaining to subscriber or agent interest in the provider.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	Yes	Number assigned by the subscriber or agent to identify the provider for initial load input and response files. For extracts, the field will contain the NPI
2	Provider Subscriber/Agent Interest Record Id	16 - 17	2	A/N	Yes	Value = "90"
3	Provider Subscriber/Agent Interest Sequence Number	18 - 21	4	N	Yes	Sequential number of subscriber/agent interest records per provider
4	Subscriber/Agent Interest Entries Count	22 - 23	2	N	Yes	Number of subscriber/agent interest entries contained in this record
The following fields are a total of 13 characters long and occur 39 times in positions 24 - 530						
5	Subscriber Number	(1) 24 - 26	3	A/N	Yes	Id number of the Subscriber that has interest in provider
6	Agent Number	(1) 27 - 35	9	A/N	Optional	Id number of the Agent that has interest in provider

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
7	Subscriber/Agent Interest Type	(1) 36 - 36	1	A/N	Yes, with value of "U"	Identifies the type of interest that the subscriber or agent has in the provider. Values: E-Enumerate U-Update Q-Query
	Filler	531 - 550	20	A/N	N/A	Spaces

Error Record

This record identifies errors that occurred during initial load for the provider. This record is only available on the initial load response of pended or invalid providers.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	N/A	Number assigned by the subscriber or agent to identify the provider
2	Provider Error Record Id	16 - 17	2	A/N	N/A	Value = "97"
3	Provider Error Sequence Number	18 - 21	4	N	N/A	Sequential number of Error records per provider
4	NPS Transaction Id	22 - 29	8	N	N/A	Transaction Id assigned by NPS; Populated only if File was accepted
5	Number of Errors for the provider	30 - 38	9	N	N/A	Number of errors encountered for the provider during initial load processing
6	Error Record Entries Count	39 - 40	2	N	N/A	Number of errors contained in this record
The following fields are a total of 15 characters long and occur 32 times in positions 41 - 520						
7	Error Record Id	(1) 41 - 42	2	N	N/A	Record Id of record with data in error
8	Error Processing Field Record Sequence Number	(1) 43 - 46	4	N	N/A	Identification of sequence number of the record in error
9	Error Processing Field Table Entry	(1) 47 - 48	2	N	N/A	Identification of field table entry of data in error
10	Error Processing Field	(1) 49 - 51	3	N	N/A	Identification of field in error

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
11	Error Record Processing Codes	(1) 52 - 55	4	N	N/A	Reference NPS Error/Warning Codes
	Filler	521 - 550	30	A/N	N/A	Spaces

Warning Record

This record identifies warnings that occurred during initial load for the provider. This record is only available on the initial load response files.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	N/A	Number assigned by the subscriber or agent to identify the provider
2	Provider Warning Record Id	16 - 17	2	A/N	N/A	Value = "98"
3	Provider Warning Sequence Number	18 - 21	4	N	N/A	Sequential number of Warning records per provider
	Filler	22 - 29	8	N	N/A	Spaces
4	Number of Warnings for the provider	30 - 38	9	A/N	N/A	Number of warnings encountered for the provider during initial load processing
5	Warning Record Entries Count	39 - 40	2	N	N/A	Number of warnings contained in this record
The following fields are a total of 15 characters long and occur 32 times in positions 41 - 520						
6	Warning Record Id	(1) 41 - 42	2	N	N/A	Record Id of record with data with warning
7	Warning Processing Field Record Sequence Number	(1) 43 - 46	4	N	N/A	Identification of sequence number of the record in Warning
8	Warning Processing Field Table Entry	(1) 47 - 48	2	N	N/A	Identification of Field table entry in Warning
9	Warning Processing Field	(1) 49 - 51	3	N	N/A	Identification of Field in Warning

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
10	Warning Record Processing Codes	(1) 52 - 55	4	N	N/A	Reference NPS Error/Warning Codes
	Filler	521 - 550	30	A/N	N/A	Spaces

Provider Original Mailing Address Record

This record contains original mailing address data if it was corrected during initial load verification.
This record is only available on the Initial Load Response file of Enumerated or Valid Providers.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	N/A	Number assigned by the subscriber or agent to identify the provider
2	Provider Original Mailing Address Record Id	16 - 17	2	A/N	N/A	Value = "11"
3	Provider Original Mailing Address Sequence Number	18 - 21	4	N	N/A	Value = 0001
4	Provider Original Mailing Street Address 1	22 - 61	40	A/N	N/A	Line one of the 'street' portion of the provider's mailing address
5	Provider Original Mailing Street Address 2	62 - 101	40	A/N	N/A	Line two of the 'street' portion of the provider's mailing address
6	Provider Original Mailing City Name	102 - 126	25	A/N	N/A	City of the provider's mailing address
7	Provider Original Mailing State Code	127 - 128	2	A/N	N/A	Post Office abbreviation for the state of the provider's mailing address
8	Provider Original Mailing County Name	129 - 148	20	A/N	N/A	County of the provider's mailing address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Provider Original Mailing Country Name	149 - 168	20	A/N	N/A	Country of the provider's mailing address
10	Provider Original Mailing Zip Code	169 - 173	5	N	N/A	Zip Code of the provider's mailing address
11	Provider Original Mailing Zip Code 2	174 - 177	4	A/N	Optional	Additional four digit zip code of the provider's mailing address
	Filler	178 - 182	5	A/N	N/A	Spaces
12	Provider Original Mailing Foreign Postal Code	183 - 194	12	A/N	N/A	Postal Code for provider's foreign mailing address
13	Provider Original Phone Number	195 - 204	10	A/N	N/A	Telephone number for the provider's mailing address
	Filler	205 - 550	346	A/N	N/A	Spaces

Provider Original Practice Location Record

This record contains original practice location data if it was corrected during initial load verification. This record is only available on the Initial Load Response file of Enumerated or Valid Providers.

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Provider Control Number	1 - 15	15	A/N	N/A	Number assigned by the subscriber or agent to identify the provider
2	Provider Original Practice Location Record Id	16 - 17	2	A/N	N/A	Value = "31"
3	Provider Original Practice Location Record Sequence Number	18 - 21	4	N	N/A	Sequential number of corrected Practice Location records
4	NPS Practice Location Number	22 - 23	2	A/N	N/A	Assigned by NPS. The Id of the practice location.
5	Provider Original Practice Location Name	24 - 73	50	A/N	N/A	The name of title of the practice location
6	Provider Original Practice Location Street Address 1	74 - 113	40	A/N	N/A	Line one of 'street' portion of the provider's practice location address
7	Provider Original Practice Location Street Address 2	114 - 153	40	A/N	N/A	Line two of 'street' portion of the provider's practice location address
8	Provider Original Practice Location City Name	154 - 178	25	A/N	N/A	City of the provider's practice location address

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Provider Original Practice Location State Code	179 - 180	2	A/N	N/A	Post Office abbreviation for the state of the provider's practice location address
10	Provider Original Practice Location County Name	181 - 200	20	A/N	N/A	Country of the provider's practice location address
11	Provider Original Practice Location Country Name	201 - 220	20	A/N	N/A	Country of the provider's practice location address
12	Provider Original Practice Location Zip Code	221 - 225	5	N	N/A	Zip Code of the provider's practice location address
13	Provider Original Practice Location Zip Code 2	226 - 229	4	A/N	Optional	Additional four digit zip code of the provider's practice location address
	Filler	230 - 234	5	A/N	N/A	Spaces
14	Provider Original Practice Location Foreign Postal Code	235 -246	12	A/N	N/A	Postal Code for provider's foreign practice location
15	Provider Original Practice Location Phone Number	247 - 256	10	A/N	N/A	Telephone number for the provider's practice location
	Filler	257 - 550	294	A/N	N/A	Spaces

Trailer Record

Only one per file

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
1	Trailer Identifier	1 - 15	15	A/N	Yes	Value = all nines
2	Trailer Record Id	16 - 17	2	A/N	Yes	Value = "99"
3	Provider Trailer Record Sequence Number	18 - 21	4	N	Yes	Value = 0001
4	Providers Count	22 - 30	9	N	Yes	The number of providers in the file. On initial load response files this is the number of providers that were in the initial load input
5	Record Count	31 - 39	9	N	Yes	The number of records in the file. On initial load response files this is the number of records that were in the initial load input ; Record count includes header and trailer
6	Processing File Status Code	40 - 40	1	A/N	N/A	Indicates whether the initial load file was rejected or accepted. Values: "R" - Rejected File "A" - Accepted File
7	NPS Processing Date	41 - 48	8	N	N/A	Date the subscriber file was processed in NPS. Format -CCYYMMDD
8	NPS Processing Time	49 - 56	8	N	N/A	Time the subscriber file was processed in NPS. Format - HHMMSS

Field Number	Field Name	Field Position	Length	Field Type	Field Req on Init. Load	Comments/ Description
9	Number of Pended Providers	57 - 65	9	N	N/A	Number of providers in file that were placed on Pending File. Field populated if file is Accepted
10	Number of Enumerated Providers	66 - 74	9	N	N/A	Number of providers in file that were enumerated and placed on NPF. Field populated if file is Accepted
11	Number of Providers that possibly match	75 - 83	9	N	N/A	Number of providers in file that possibly match existing NPI
12	Number of Providers that match	84 - 92	9	N	N/A	Number of providers in file that match existing NPI. Data from this record was used to update the previously enumerated provider
13	Number of Providers with valid data	93 - 101	9	N	N/A	Number of providers in Rejected file that passed edit and verification checks
14	Number of Providers with insufficient or invalid data	102 - 110	9	N	N/A	Number of providers in Rejected file that failed edit and verification checks
15	Re-work Percentage	111 - 113	3	N	N/A	(Invalid/Pended Providers divided by Providers Count) * 100
	Filler	114 - 550	437	A/N	N/A	Spaces

NPS Initial Load Error and Warning Codes

Definitions

Error	A situation causing the file, record or field to be unprocessable.
Warning (Type 1)	A situation which will require correction to the specific provider's data during the first attempt to update the provider using NPS. These situations occur when a system edit is bypassed during the initial load processing to allow the file to be loaded
Warning (Type 2)	A situation resulting from non-mandatory data which is either incorrect or inconsistent.

Handling of Errors/Warnings

Errors and Warnings will be provided to the user using record type 98 and 99. They can be specified at the record level or the field level. If the same warning occurs consistently for a large majority of providers on the file (90% or greater,) the warning should be reported in an file level report to the subscriber, instead of on each individual provider record.

Record Level, Field Table Errors/Warnings

Error
Code   Message

1000   Mandatory Record Type Missing

Response is indicated by type of file missing. Error produced on '00' or '99' record causes file to be rejected. Error on '10', '30', or '40' causes provider to be rejected. Error on '50' will only occur if classification selected on '40' requires license information.

1100   Invalid Record Type

The value specified in the record type field is invalid. Record contents will be ignored.

1200   Record Type Not Applicable to Provider

Information on the record type specified does not apply to provider. Record contents will be ignored.

1300   Duplicate Record

Duplicate records are not allowed for type '00', '99' on the file. Each provider may only have 1 '10' record. Record contents of second record will be ignored.

1400   Duplicate Sequence Number for Record Type

Record sequence number has already been used for than provider and should be incremented.

1500   Provider Already on File

The information submitted for the provider being loaded positively matches a current provider on the File. This provider will not be loaded as there already exists an NPI for the provider.

1600   Provider Pended - Provider appears to match another provider on file

The information submitted for the provider being loaded appears to match provider(s) on the File. Information for this provider will be placed on a pending file for further analysis on-line before being enumerated.

1700   Address Data Not Verified

The information submitted for the specified address could not be verified as valid and should be reviewed for correctness.

1750   Address Data Modified During Verification

The information submitted for the specified address has been modified to conform to address format standards or to correct apparent inconsistencies between submitted fields. Address should be reviewed for correctness.

1800   Duplicate Other Names Entry

Record type '20' contains two entries specifying identical other name information. The second occurrence will be discarded.

1810   Duplicate Classification Entry

Record type '40' contains two entries specifying identical classification information. The second occurrence will be discarded.

1820   Duplicate License Entry

Record type '50' contains two entries specifying identical license information. The second occurrence will be discarded.

1840   Duplicate School Entry

Record type '60' contains two entries specifying identical school information. The second occurrence will be discarded.

1850   Duplicate Other Provider Number Entry

Record type '70' contains two entries specifying identical other number information. The second occurrence will be discarded.

1860   Duplicate Group Member Entry

Record type '50' contains two entries specifying identical group members information. The second occurrence will be discarded.

1900   Group does not have Sufficient Members

For a group provider to be enumerated, at least 2 members must be specified.

Field Level Errors/Warnings

Error
Code   Message

3000   Mandatory Field Missing

If the field specified relates directly to the provider, this error will cause the provider's information to be rejected and placed on the pending file. If the field relates to related data, the data group may be rejected (e.g. Missing zipcode on a practice location could cause the practice location to not be identified.) For some initial loads, mandatory field edits may be relaxed, generating this code as a warning rather than an error. In these instances, the provider would be enumerated; however, upon first access to update the provider's information, missing mandatory fields must be completed.

3100   Field Contains Invalid Data

Data entered for the field is not recognized. Check the list of valid values for the field.

3110   Field Contains Invalid Characters

The field contains a character that is not acceptable for this field. Most likely, the field contains a special character that is not appropriate.

3120   Field Not Numeric

The field requires numeric entry only.

3130   Field Contains Invalid Date

The field contains a date which could not be recognized. Check the date format. Dates in NPS should be specified as CCYYMMDD (C: Century, Y: Year, M: Month, D: Day)

3140   Date Questionable In Relation to Provided Birth Date

The difference between the date entered in the field and the associated Birth Date entered, indicate that this date may be incorrect. Check the field for correctness.

3150   Date Must Occur After Provided Birth Date

The date entered appears to be in error as it indicates a date preceding the associated Birth Date.   Check the field for correctness.

3160   Field Value Inconsistent with Associated Data

The data in the field does not agree with related information for the provider. Example: Expiration Date is before Effective Date.

3200   Field Data Ignored

The data in the field was not requested and is being ignored.

3700   Field Not Verified

The field specified could not be verified as valid by NPS. Data verification occurs on address information and SSN. Check the specified field for correctness.

3710   Field contains invalid or missing Street Name

The street name in the address field was missing or was not recognized by the NPS verification program.

3711   Field contains invalid or missing Street Number

The street number in the address field was missing, was not recognized or was indicated as out of the valid number range for that street by the NPS verification program.

3712   Field contains invalid or missing Street Direction

The street direction in the address field was missing or was not recognized for that street by the NPS verification program.

3750   Field Modified During Verification

The field specified was modified by the NPS verification program.

3760   Field Street Name Modified

The street name specified in the address field has been modified.

3762   Field Street Direction Modified

The street direction specified in the address field has been modified.